

STATE OF IDAHO
Bureau of Animal Health
PO Box 7249, Boise, ID 83709

TO THE BUREAU OF ANIMAL HEALTH:

I hereby make application for a license to practice Artificial Insemination in the State of Idaho. In submitting this application, it is agreed by me if any part of it be found false or fraudulent; I forfeit the right to a license.

Name _____

Address _____
Street No. City State Zip

Phone No. _____
Home Business

INSTRUCTIONS FOR APPLICANTS
(read carefully before filling out your application)

Applicants will answer all questions fully; if incomplete, your application will be returned and it may result in your application being refused.

After you have answered all questions be sure to have the same subscribed before a Notary Public and mail to Bureau of Animal Health, PO Box 7249, Boise, ID 83707, together with certified check, draft or money order in the proper amount.

EDUCATION

Do You Have a High School Diploma or GED Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	High School Name & Location				Number of the Last School Grade Completed				
Schools Attended After High School or Special Training Received								Total Credit Hrs	
NAME	LOCATION City/State	From Mo/Yr	To Mo/Yr	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Type Degree or Diploma	Major Subject(s)	Sem	Qtr	
Special Qualifications, Skills, Languages			Kind of License or Certificate State or Other Licensing Authority						
			Year of First License/Cert. Year of Latest License/Cert.						

What experience have you had in Artificial Insemination?

(Attach additional sheets if necessary)

At _____ from _____
City State

At _____ from _____
City State

Have you ever been examined for A.I. license in Idaho or any other state? _____

If so, when and where? _____ Result _____

Are you now licensed in another state? _____ License# _____

Have you been convicted of any criminal offense, including military court convictions, since your 18th birthday? _____ Yes _____ No * If YES, please explain below:

CERTIFICATE OF MORAL CHARACTER

(To be signed by two reputable businesspersons)

This certifies that I am acquainted with _____. That I believe him/her to be of good moral character and I hereby recommend him/her as entirely worthy to receive the license for which he/she has applied. That he/she is of good moral character and worthy of professional recognition; that he/she is free from habits liable to interfere with Artificial Insemination service; that his/her standing is good in the community in which he/she resides, and that he/she is worthy of receiving a license to practice Artificial Insemination in the State of Idaho.

Name _____
(Signature of person signing Letter of Recommendation)

Name _____
(Signature of person signing Letter of Recommendation)

Address _____

Address _____

CERTIFICATE OF GRADUATION

(unnecessary if copy of training certificate is attached)

I hereby certify that _____ of _____
(Name) (Place)

matriculated in Artificial Insemination at _____
(Name of School)

from _____ to _____, that he/she attended _____ years and
Mo. Date Year Mo. Date Year

_____ months and received a diploma conferring the degree of _____.

Date of diploma _____

President, Secretary, or Dean

<u>FEES</u>	Application & Exam	Annual Renewal	Re-instatement
Artificial Insemination	\$25.00	\$5.00	\$25.00

Insert in space provided for below an attested, unmounted photograph of yourself, size 3x3, bust only, taken within the year previous to making application. Across photo, write your name and make acknowledgement before a Notary Public, whose certificate of identification must be partly upon the photograph paper, but be careful not to mar the features.

Answer the following questions:

Date _____

Age _____

Height _____ Weight _____

Color of Eyes _____ Color of Hair _____

Other means of Identification _____

I hereby certify that the attached photograph is a true likeness of myself taken within the last year and that the description given above is true and correct.

Subscribed and sworn to before me this

_____ day of _____, _____

Notary Public

(Seal)